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SUBJECT: PRT/KUNDUZ: HOSPITAL REFORM WORKING IN NORTHEAST

SUMMARY

¶1. (SBU) The provincial hospitals in Kunduz and Takhar Provinces are two of five pilot projects under the World-Bank funded Hospital Reform Program. They receive extensive support from the Ministry of Public Health and are relatively well-equipped, have capable and well-paid staff, and appear to be delivering good care to the population of the two provinces. The recent decision to re-open the Spinzar Hospital in Kunduz, rather than focusing expansion efforts on the provincial hospital, may, however, have an overall negative impact on health care for Kunduz Province and the region. END SUMMARY.

¶2. (U) PRTOff and German Foreign Office colleagues visited the Takhar Hospital in Taloqan, the capital of Takhar, on December 9 where Hospital Director Dr. S. Ashrafuddin Aini provided information about the hospital's current and future programs and took PRT Reps on a tour of the facility. PRT Reps had a similar briefing and tour of Kunduz Hospital on September 10 hosted by Hospital Director Dr. Zaher Paknehad (who left the hospital in early December) and met with the hospital's acting director and other officials for an update on December 16.

Kunduz and Takhar Showcase Hospital Reform Program

¶3. (U) The hospitals in Kunduz and Takhar Provinces are two of the five pilot projects in the Ministry of Public Health's World Bank-funded Hospital Reform Program (the others are in Baghlan, Zabul, and Ghor Provinces). This program provides for a standard package of services in each province -- Emergency Provincial Health Services (EPHS) -- to cover all life-threatening cases, at least to the extent of getting patients stabilized and, if necessary, sending them to Kabul or another location for the required specialized care.

¶4. (U) One major component of the program is a plan to

address Afghanistan's very high maternal and infant mortality rates. In addition to the range of medical care provided by general practitioners, the EPHS package includes specialists in maternity and pediatric care, as well as internal medicine and basic surgery. Specialties that are not included in this package include ENT (Ear, Nose and Throat), Ophthalmology, and Orthopedics. These are supposed to be covered in a regional hospital, but this program is not yet functioning in Kunduz, the designated location for the region, due primarily to the lack of space.

¶15. (U) In the absence of the regional ENT and eye care capability, the Takhar Hospital has managed to cover most of these requirements with resources in Taloqan. The hospital can call on a private eye care clinic when necessary, and they are currently looking into working with Kinderberg, a German NGO, to set up ENT and Ophthalmologic care in the hospital. In Kunduz, these capabilities currently are provided by private practitioners or are covered with assistance from the German PRT Hospital. Kunduz Hospital has requested an additional building to house the planned regional capability, but it appears that a Ministry of Public Health plan to re-open Spinzar Hospital in Kunduz may derail that plan.

¶16. (U) Other aspects of the Hospital Reform Project include measures for infection control -- including banning re-use of needles -- and careful waste management. For example, an incinerator is available on site in Kunduz to burn medical waste daily.

Program Provides Realistic Salaries and Substantial Support

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¶17. (U) Key aspects of the Hospital Reform Program include realistic salaries for the medical staff and provision of necessary equipment and medicines, as well as assistance in building facilities needed for patient care, that is, hospital rooms. The equipment includes EKG, X-ray, and ultrasound equipment, as well as laboratory equipment and supplies. The Takhar hospital had just received new incubators and F-100 formula to combat child malnutrition, as well as additional examination equipment; Kunduz has received similar equipment.

¶18. (U) The capacity of the Kunduz Hospital is 110 beds, while the Takhar Hospital currently has only 65. To reach the target for a provincial hospital of 100 beds, the Ministry of Public Health funded an expansion project in Taloqan for an annex -- due to be completed within a few weeks -- that will accommodate 35 beds. (Note: All rooms in both hospitals are multi-bed rooms, usually four beds but sometimes more; private rooms are unknown. End Note.) The Ministry did not, however, fund the actual beds, and the only beds that are locally available are plain wooden beds, some of which already are in use in the hospital. The Hospital Director welcomed a German Foreign Office offer to consider funding 35-40 additional hospital beds, and the PRT Civilian Leader was surprised to receive the written proposal two days later during another visit to Taloqan.

Medical Staff and Salaries

¶19. (U) Both hospitals have specialists covering the same four specialties: general surgery (3), internal medicine (2), gynecology/obstetrics (3), and pediatrics (2). Kunduz has 14 and Takhar 13 general practitioners. Takhar also has one trained mental health professional and one GP trained in medical sonography. In addition to its 25 doctors, Takhar has 30 nurses and 6 midwives (plus two vacant midwife positions). Kunduz has 120 total staff, including 24 doctors, 30 nurses, and 8 midwives. Both hospitals have several staff members, both doctors and administrators, who

have been trained overseas and speak excellent English.

¶10. (U) The reported monthly pay scales for hospital staff varied somewhat between the two hospitals, and appear to depend on training and experience, but are approximately as follows: MD Specialists \$400-500; GPs \$300-400; Nurses \$150-240; Midwives about \$180, and Orderlies about \$100. These wages are quite good in the Afghan context (where judges, for example, still earn less the \$100 a month), and the working conditions are also quite good. At Kunduz, for example, the staff normally work from 8 am to 2 pm, though they can be called in other times. Because of this attractive pay scale and good working conditions, both hospitals have been able to attract and retain good staff. The transparency of the financial arrangements -- both hospital directors noted that their staff actually do get paid what is due them -- also helps.

Storage and Space Problems Key

¶11. (U) Although overall conditions are relatively good, both hospitals continue to experience problems, the most obvious of which is lack of space. The Takhar Hospital was built 40 years ago as a 35-bed facility, but now has 65 beds. The new annex, which is being built as a second story on the original one-story building, will provide more space for patients, but neither hospital has adequate storage areas for drugs or other hospital stores and equipment. In Takhar, various old buildings, including the old kitchen, are used as storage areas. Staff were in the process of building and installing wooden shelving to better organize the drug storage area, but this is only a stop-gap, as the building itself clearly was inadequate. The hospital in Kunduz, which is a recently built three-story building outside of the city (funded by

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USAID and the original U.S. PRT in Kunduz, and initially managed by the Swedish Committee), has no such extra outbuildings and has been forced to use the balconies of hospital rooms on the second floor as storage areas.

¶12. (U) In addition to storage issues, both hospitals lack a place where relatives can wait while their family member is in the hospital. As in many other places, it is normal in Afghanistan for families to accompany, and neither hospital has waiting rooms or other space for these non-patients to stay. The problem is more acute in winter, of course, and also more difficult in Kunduz, where the hospital is outside of town and there are no other buildings around where family members can wait.

¶13. (U) Electricity is another problem. Kunduz has a fairly reliable grid that is part of a transmission system coming in from Tajikistan, but Takhar continues to rely on a 100KW generator, with no effective backup capability. However, the Ministry reliably pays for fuel for the generator, so as long it works, needed electricity is available.

Reform Program Includes Cost-Sharing Plan

¶14. (U) Both hospitals have instituted a cost-sharing plan that is part of the Reform Program arrangements, which also include a hospital board with community participation. Although public health care is supposed to be free in Afghanistan, the hospitals have begun charging a flat fee of 10 (Takhar) or 20 (Kunduz) afghanis (about 20 or 40 cents) per patient for hospital care or drugs, and 50 afghanis (one dollar) for more elaborate procedures such as X-rays. Kunduz also charges 100 afghanis (two dollars) for surgery. This all goes into the Hospital Support Fund, which usually amounts to about \$800 to \$1000 a month. Upon approval by the hospital board, this fund can be used to purchase any missing drugs, expendable supplies, or other needed items. The Takhar Director told us this cost-sharing plan was difficult

to start up due to both official and community resistance, but with the assistance of the board, it seemed to be working well.

Re-opening Spinzar May Obstruct Kunduz Hospital Development

¶14. (U) The PRT has recently learned about plans by the Ministry of Public Health and Kunduz Province officials to re-open the Spinzar Hospital, which was built in the 1940s by the Spinzar Cotton Company and, prior to the construction of the Kunduz Provincial Hospital in 2003, was the only hospital in Kunduz. The Spinzar Hospital is a lovely old building with high ceilings, verandas, and skylights, but the electrical wiring and plumbing have not been updated, there are virtually no furnishings, and the entire building -- although well built -- is in serious need of repair and renovation. The operating room, for example, is completely empty except for an ancient light fixture that hangs crookedly from the ceiling -- and clearly would not work, even if the electricity were to be turned on.

¶15. (SBU) The Spinzar Hospital is allegedly to be officially re-opened by the Minister of Public Health when he comes to Kunduz on January 9 to open the District Hospital in Imam Sahib. When PRT Reps visited Spinzar on December 16, some 25 or 30 people -- including the Kunduz Deputy Director of Public Health, who reportedly will be the new Spinzar Hospital Director -- were busily moving in beds (not hospital beds), chairs, and cabinets -- apparently the only furnishings so far acquired. The Ministry reportedly is paying the owner of the hospital, the Ministry of Mines and Industry, \$2000/month in rent, but no one seemed concerned about where the necessary equipment, staff, and funding to run the "new" hospital would come from. We were first told that Spinzar would take on only the regional functions (ENT,

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Ophthalmology, and Orthopedics), then that it would also do surgery and include an emergency room, and finally that it would offer the "same services" as the existing hospital and "be better equipped than the other one." Rows of chairs were lined up in a hallway in preparation for the opening ceremony, but as far as PRT Reps could see, there was very little to open, and would not likely be a great deal more before January 9.

Comment

¶16. (SBU) Both the Kunduz and Takhar Hospitals appear to function considerably better than many other public facilities in the region, and the standards at both are higher than one might expect. Kunduz has received substantial assistance from the German PRT in Kunduz, which has a Role 2 hospital on site capable of fulfilling most requirements for the ISAF soldiers and others in the PRT, including dental care and basic surgery. In addition to permitting access by local Afghans in need of substantial care, the German Hospital staff visit Kunduz Hospital regularly and provide on-site medical care and consultation.

¶17. (SBU) Although the Takhar Hospital has not benefited from such direct PRT assistance, the hospital staff (including a medical director who trained for several years in Holland), taking advantage of the Reform Program benefits from the Ministry and the assistance of several other donors, have developed a facility and a capability that appear to be even better than that so far attained in Kunduz.

¶18. (SBU) PRT Reps are concerned that the decision to re-open the Spinzar Hospital will shift the focus away from the Kunduz Provincial Hospital and the expansion necessary before it can fulfill its provincial and regional functions. The Spinzar Hospital is located in Kunduz City, so it will be easier to reach than Kunduz Hospital and may also take away

patients, doctors, and other staff. The only identified funding stream, however, is from the Ministry of Public Health, which is unlikely to have either the resources or the focus to make the Spinzar project succeed. During discussions at Kunduz Hospital, it was intimated that some equipment would end up shifting to the "new" hospital, which could leave donors reluctant to provide any additional assistance to Kunduz. Yet once the Spinzar Hospital is officially open, it almost certainly will start canvassing donors for support. All of this is bound to set back the pilot project in Kunduz, and may already have done so. The Hospital Director resigned two weeks ago, and PRT Reps agree that the Takhar Hospital seems to be running much better than Kunduz; the specter of Spinzar may be part of the reason why.

Biographic Notes

¶19. (U) Takhar Hospital Director Dr. S. Ashrafuddin Aini is a trained internal medicine specialist originally from Chah Ab District of Takhar, though he attended school in Taloqan. Although he has never lived for any length of time outside of Afghanistan, he speaks English very well, and he also appears to have excellent management skills. He worked for UNICEF for two years in Kunduz, and has also worked for the Ministry of Public Health in Kabul. He ran as a candidate for the Wolesi Jirga (lower house of parliament) in Takhar in 2005 and narrowly missed gaining a seat. He appears to be in his early to mid-forties.

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